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UTILITY PATENT APPLICATION TRANSMITTAL

Attomey Docket No.	35.C14218	
First Nam	ned Inventor or Application Identifier	_
MUNEKI ANDO ET AL.		
Evernee Mail Label No.		

(0)	(Only for new nonprovisional applications under 37 CFR 1.53(b))			Express Mail	Label No.			
IO SE	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				RESS TO:	Assistant Co Box Patent A Washington,		Pagents 2
1.	Fee Transmittal Form (Submit an original, and a duplicate for fee processing)			6.				74844 74844 718/
2. 2	Specification	7. Nucleotide and/or Amino Acid Sequence Submission of (if applicable, all necessary)				1051		
3.	C Drawing(s)	a. Computer Readable Copy B. Paper Copy (identical to computer copy)			сору)			
4.	Oath or Dec	claration	Total Pages 2		c \$	Statement verifying	identity of abov	re copies
	a. N	ewly executed (orig	ginal or copy)		ACCOM	PANYING APPLIC	CATION PARTS	
	b. X U	nexecuted for infor	mation purposes	8.	Assignment	Papers (cover sheet	& document(s))	
			plication (37 CFR 1.63(d)) ional with Box 17 completed) elow]	9.		B(b) Statement e is an assignee)	Powe	er of Attorney
# # # ·	i.	Signed Stat	N OF INVENTOR(S) ement attached deleting inventor e prior application, see 37 CFR		English Tra	anslation Documen	t <i>(if applicable)</i>	
5.	1.63(d)(2) and 1.33(b).			11.		Disclosure (IDS)/PTO-1449	Copi Citat	es of IDS tions
	oath or decla	ration is supplied und	pplication, from which a copy of er Box 4c, is considered as beir panying application and is herel	g 12.	Preliminary	Amendment		
		by reference therein.	13. X	13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
				14.	Small Entity Statement(· }	ent filed in prior a still proper and de	
				15.		opy of Priority Docu priority is claimed)	ument(s)	
				16.	Other:			
ŀ								
17.	17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No/							
<u> </u>	18. CORRESPONDENCE ADDRESS							
. <u>x</u>	Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below							
NAM	E							
Addr	ess	-						
City			State			Zip Code		
Cour	ntry		Telephone			Fax		

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CLAIMS	(1) F	OR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATION
	TOTAL CLAII (37 CFR 1.16(c))	MS	79-20 =	59	X \$ 18.00 =	\$1062.00
-	INDEPENDE CLAIMS (37 C	NT FR 1.16(b))	6-3 =	3	X \$ 78.00 =	\$234.00
	MULTIPLE D	EPENDEN	CLAIMS (if applicable) (37	CFR 1.16(d))	\$260.00 =	\$260.00
:	4 - 1				BASIC FEE (37 CFR 1.16(a))	\$690.00
				Total of	above Calculations =	\$2246.00
	Re	eduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).	
					TOTAL =	\$2246.00
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t	o	A small er and desire Is no longe in the amo	tity statement was filed ind.	n the prior nonprovisions	sed.	h status is still prope
20. [21. [22.]	X A check	A small er and desire Is no longe in the amo	tity statement was filed in the control of \$ 2246.00 to control of \$ 2246.00 t	n the prior nonprovisions ver the filing fee is enclo	sed. enclosed.	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Jack M. Arnold		
SIGNATURE	Josh M. arnold Pag. No. 25,823		
DATE	January 14, 2000		

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